

Constable Annual Financial Report

_____ County, Mississippi

_____ Original Report

_____ Revised Report

Constable Name: _____

Mailing Address: _____

Calendar Year _____

Daytime Telephone: _____

Statement of gross receipts from all sources accruing as compensation to the office and disbursements occurring as necessary expenses involved solely in complying with laws governing the office. **Please use Ink.**

Part I – Receipts – Office of Constable

Payments for direct services for county (County pays employer portion of P.E.R.S.)		
1. Allowance from the board of supervisors (§25-7-27(1)(f))	1	
2. Bailiff Fees (§25-7-27(1)(e)) and (§19-19-8)	2	
3. Total received for direct services for county (line 1 plus line 2)	3	
Fees earned by Constable (Report Gross Fees which include amount held for P.E.R.S. by county)		
4. Fees for criminal and civil cases including garnishments (§25-7-27(1)(a)(b)(d) and §25-7-27(3))	4	
5. Mileage Allowance (§25-7-27(1)(c))	5	
6. Total received for fees earned by Constable (line 4 plus line 5)	6	
7. Gross Income for Constable (line 3 plus line 6)	7	

Part II – Disbursements – Office of Constable

8. Bank Service Charges	8		16. Supplies	16	
9. Car and Truck Expense	9		17. Travel	17	
10. Depreciation	10		18. Meals/Entertainment	18	
11. Dues and publications	11		19. Uniforms	19	
12. Insurance/Auto	12		20. Other (List)	20	
13. Insurance/Health	13		21.	21	
14. Professional Fees	14		22.	22	
15. Office Expenses	15		23.	23	
24. Total Disbursements for Constable (add lines 8 through 23)			24		
25. Net Income for Office of Constable (line 7 minus line 24)			25		

Part III - Calculation of Net Fee Income for P.E.R.S.

26. Total received for fees earned by Constable (Amount on line 6)	26	
27. Total disbursements for Constable (Amount on line 24)	27	
28. Net Fee Income for P.E.R.S. (line 26 minus line 27)	28	

I swear that the above statement is true and accurate.

_____ (Signature)

Constable

Social Security Number Required

Please print or type name as signature above _____

Sworn to and subscribed before me, this _____ day of _____, 20____.

_____ (Signature)

Notary Public

EACH COPY OF THIS FORM MUST BE NOTARIZED BY A NOTARY PUBLIC OTHER THAN THE PERSON FILING THE REPORT.

Include in **Part II - Disbursements** only necessary expenses directly related to the operations of the office. Do not include your personal deferred compensation payments, your personal individual retirement account payments, your personal social security or payments, your personal expenses reimbursed by the county, your personal charitable contributions or gifts, your personal campaign expenses and your life insurance. Items not deductible as a business expense for income tax purposes shall not be included.